Form **5307**

(Rev. October 1984)

Department of the Treasury

Internal Revenue Service

Short Form Application for Determination for Employee Benefit Plan

(Other than Collectively Bargained Plans)
(Under sections 401(a) and 501(a) of the Internal Revenue Code)

OMB No. 1545-0200 Expires 8-31-87

> File folder number ▶

For IRS Use Only

▶ Please complete every item on this form. If an item does not apply, enter N/A. If amendment, complete only pertinent parts.

Signatura D	Title ▶	Date ►			
Signature ▶	Title ▶	Date ▶			
Under penalties of perjury, I declare that I have examined this application and complete.	tion, including accompanying statements, and to t	he best of my knowledge and belief it is true, correct			
(b) Custodial account	(d) Trust with insuranc				
(a) 🗌 Trust	(c) Non-trusteed				
13 Type of funding entity:	_				
12 Integration: Is this plan integrated with social security	y or railroad retirement (see instructions	s)? 🗆 Yes 🗌 No			
How communicated ▶					
11 Date plan was communicated to employees ▶					
9 Effective date of plan	10 Effective date of ame				
program? ☐ Yes ☐ No ☐ Not determ	the amendmen				
(c) (i) If 8(a) (i), (ii), (iii), or (iv) is checked, is this a defined bene under the Pension Benefit Guaranty Corporation terminat	tion insurance (II) III 4(a) (II) and b	the termination insurance program before			
(ii) Money purchase	(iv) Target benefit	S(b) (i), (ii), (iii), or (iv) are checked, was the			
(i) Profit-sharing	• •				
(b) Defined contribution plan—Indicate whether:	(iii) Stock bonus				
(ii) Fixed benefit	(iv) □ Other (specify) ▶				
(i) Unit benefit	• •				
8 (a) Defined benefit plan—Indicate whether:	(iii) 🗌 Flat benefit				
(iii) Other (see instructions)					
* * * * * * * * * * * * * * * * * * * *					
(ii) Field prototype plan					
(i) Master or prototype plan	(a) Letter serial namber (
7 (a) This is a:		or notification letter number			
(a) Hairie of plan	į	(c) Plan year ends ►			
(c)		(b) Plan number ▶			
control employers, or affiliated service group	(f) ☐ Other (specify) ▶				
(b) Plan of controlled group of corporations, com					
(a) Single-employer plan	(d) Church plan				
(b) Were employees who are interested parties given the Check appropriate box to indicate the type of plan entity		is application: Tes No			
(iii) If (ii) is checked, enter file folder number					
(ii) ☐ Amendment—date adopted ►					
(a) (i) ☐ Initial qualification—date plan adopted	_				
4 Determination requested for:					
Name ▶Address ▶	releptione number	F .`			
Nama N	Talanhana numbar	()			
(c) Name, address, ZIP code, and phone number of pe	erson to be contacted if more information	n is needed:			
	number ▶ ()				
(b) Name, address and ZIP code of plan administrator,	, if other than employer	Administrator's identification number			
Telephone r	number ► ()	· · · · · · · · · · · · · · · · · · ·			
		(b) Employer's tax year ends			
1 (a) Name, address and ZIP code of employer		2 (a) Employer's identification number			
or instructions is included, and the application is signed by the em information or return the application for completion, there will be	nployer, plan administrator, or authorized rep	resentative. If we have to request missing			
CAUTION: Before submitting this application, be sure that all iter	ms (other than as indicated above) are comp	lete, that all information requested in the form			
Church and Governmental Plans.—All items need not be compl	leted. See instructions "What to File."				

Forr	n 530)7 (Rev	. 10-84)				Pa	age 2
14			plan provide for maximum limitation under section 415? (see instructions)					
15	ls a	ny iss	ue relating to this plan or trust currently pending before the Internal Revenue Service, the	Depart	tment	•		
	of L	abor,	the Pension Benefit Guaranty Corporation or any Court?			🗆 '	Yes 🗌	No
	If "	Yes,'	attach explanation.					
				Yes	No	Not C	ertain	
16	(a)	(i)	Is the employer a member of an affiliated service group?			-		
	\- /	(7	If there is uncertainty whether the employer is a member of an affiliated service group,			X ////////////////////////////////////		
			check the "Not Certain" column.	/////////////////////////////////////		X/////////////////////////////////////		
		(ii)	If 16(a)(i) is "Yes," or "Not Certain," did a prior ruling or determination letter rule on					
	,		what organizations were members of the employer's affiliated service group?			V/////////////////////////////////////		
			(see instructions)			V/////////////////////////////////////		
	(iii)	If (ii) is "Yes," have the facts on which that letter was based materially changed?					
	,	,	(see instructions)					
	(b)	Is the	employer a member of a controlled group of corporations or a group of trades or					
			esses under common control?					
17			e of plan at (give date) >			Nui	mber	
			employed					
	(b)	Exclu	sions under plan (do not count an employee more than once)			V ////////////////////////////////////		
		(i)	Minimum age (specify) ► Years of service (specify) ►					
	((ii)	Employees included in collective bargaining					
	(iii)	Nonresident aliens who receive no earned income from United States sources					
			exclusions (add (b)(i) through (iii))			-		
			oyees not excluded under the statute (subtract (c) from (a))					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(e)	Inelig	ible under plan because of (do not count an employee included in (b)):			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
		(i)	Minimum pay (specify) ▶					
		• • • • • • • • • • • • • • • • • • • •	- F-7 (- F					
	((ii)	Hourly-paid					
	(iii)	Maximum age (specify) ▶					
	(ïv)	Other (specify) ▶					
	•	•	employees ineligible (add (e)(i) through (iv))	·				
			oyees eligible to participate (subtract (f) from (d))					
			ber of employees participating in plan	•	• •			
			ent of nonexcluded employees who are participating (divide (h) by (d))	•	· %			
						X ////////////////////////////////////		
			ent of nonexcluded employees who are eligible to participate (divide (g) by (d))		%	V/////////////////////////////////////		
			ent of eligible employees who are participating (divide (h) by (g))		%	V		
			and (j) are less than 70%, or (k) is less than 80%, see instructions.					
	(l)	Total	number of participants, including certain retired and terminated employees (see instruction	ns)				,,,,,
18	Ves	ting-	-Check the proper box for the vesting provisions of the plan:			V////////////////////////////////////		
	(a)		Full and immediate			V		
	(b)		Full vesting after 10 years of service (see instructions)					
	(c)		5- to 15-year vesting, i.e., 25% after 5 years of service, 5% additional for each of the next	5 year	rs,			
			then 10% additional for each of the next 5 years (see instructions)			VIIIIIIIIIIII		
	(d)		Rule of 45 (section 411(a)(2)(C)) (see instructions)			V ////////////////////////////////////		
	(e)		For each year of employment, beginning with the 4th year, vesting not less than 40% after 4 year	ears of		VIIIIIIIIIII		
			service, 5% additional for each of the next 2 years, and 10% additional for each of the next 5 y	ears		VIIIIIIIIIII		
	(f)		Other (specify and see instructions) ▶			V ////////////////////////////////////		
10	Con	nnlot	e only for a plan of more than one employer:			<u> </u>		
13		-	number of participants (including certain retired and terminated employees)			<i>\(\text{iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</i>		
			cipants whose benefits or accounts are fully vested					
			ber of contributing employers					
20			n sponsor an S Corporation?		No	V/////////////////////////////////////		